

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

### CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  | /            |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | / minus 20=  | *            |
| INDEPENDENT CLAIMS  | / minus 3 =  | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     | 710    |

### CLAIMS AS AMENDED - PART II

|             | (Column 1)  | (Column 2)                       | (Column 3) |
|-------------|---|----------------------------------|------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |            |
|             | Total   | *                                | Minus **   |
|             | Independent   | *                                | Minus ***  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|             | (Column 1)  | (Column 2)                       | (Column 3) |
|-------------|---|----------------------------------|------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |            |
|             | Total   | *                                | Minus **   |
|             | Independent   | *                                | Minus ***  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|             | (Column 1)  | (Column 2)                       | (Column 3) |
|-------------|---|----------------------------------|------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |            |
|             | Total   | *                                | Minus **   |
|             | Independent   | *                                | Minus ***  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|                                    |  |                                  |  |
|------------------------------------|--|----------------------------------|--|
| 1 Date of Request: <u>03/11/19</u> |  | 2 Serial/Patent # <u>0971219</u> |  |
|------------------------------------|--|----------------------------------|--|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|----------------|--------------|----------|
| Filing                                |                |              | \$       |
| Amendment                             |                |              | \$       |
| Extension of Time                     |                |              | \$       |
| Notice of Appeal/Appeal               |                |              | \$       |
| Petition                              |                |              | \$       |
| Issue                                 |                |              | \$       |
| Cert of Correction/Terminal Disc.     |                |              | \$       |
| Maintenance                           |                |              | \$       |
| Assignment                            |                |              | \$       |
| Other                                 |                |              | \$       |

|  |                          |                 |
|--|--------------------------|-----------------|
|  | 7 TOTAL AMOUNT OF REFUND | \$ <u>30.00</u> |
|--|--------------------------|-----------------|

|                           |   |   |    |    |   |   |   |   |
|---------------------------|---|---|----|----|---|---|---|---|
| 8 TO BE REFUNDED BY:      | Treasury Check  |   |    |    |   |   |   |   |
| 10 REASON:                | Credit Deposit A/C #:   |   |    |    |   |   |   |   |
| Overpayment               | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>9</td><td>--</td><td>4</td><td>1</td><td>8</td><td>0</td></tr> </table> | 1 | 9  | -- | 4 | 1 | 8 | 0 |
| 1                         |   | 9 | -- | 4  | 1 | 8 | 0 |   |
| Duplicate Payment         |   |   |    |    |   |   |   |   |
| No Fee Due (Explanation): |   |   |    |    |   |   |   |   |

*1) I am requesting the Refund because I overpaid the fee for the Patent Transition*

|   |                              |
|---|------------------------------|
| 11 REFUND REQUESTED BY:                               |                              |
| TYPED/PRINTED NAME: <u>William Jackson</u>            | TITLE: <u>Senior Counsel</u> |
| SIGNATURE: <u>[Signature]</u>                         | PHONE: <u>202 972777</u>     |
| OFFICE: <u>1150</u>                                   |                              |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                              |
| APPROVED: _____                                       | DATE: _____                  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**